



Trainee Mobility Program **APPLICATION FORM**

Please save this application and submit it, and any attachments, in a single PDF file to albertaneuro@ucalgary.ca.

1. Trainee Applicant

NAME (Last, First, Initial)

PROGRAM OF STUDY (Indicate the program in which you are currently registered)

Undergraduate Masters Doctoral Postdoctoral

PROGRAM START DATE (mm/dd/yy)

EXPECTED PROGRAM COMPLETION DATE (mm/dd/yy)

INSTITUTION

FACULTY

DEPARTMENT

TELEPHONE

MAILING ADDRESS

EMAIL ADDRESS

2. Training Environment

2.1 SPONSORING PRINCIPAL INVESTIGATOR NAME (Last, First, Initial)

ACADEMIC RANK

Assistant Professor Associate Professor Full Professor Adjunct Professor

INSTITUTION

FACULTY

DEPARTMENT

TELEPHONE

OFFICE MAILING ADDRESS

EMAIL ADDRESS

MEMBER OF (select all that apply)

CAN Neuroscience and Mental Health Institute
 HBI CCBN

2.2 HOST PRINCIPAL INVESTIGATOR NAME (Last, First, Initial)

ACADEMIC RANK

- Assistant Professor Associate Professor Full Professor Adjunct Professor

INSTITUTION

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TELEPHONE

OFFICE MAILING ADDRESS

EMAIL ADDRESS

MEMBER OF (select all that apply)

- CAN Neuroscience and Mental Health Institute
 HBI CCBN

3. Proposed Plan for Trainee Scholarly Development *(to be completed by Trainee)*

Describe the research and education activities you will participate in and the experience you expect to gain.
How will this opportunity contribute and add value to your scholarly development?

4. Sponsoring and Host Principal Investigators' Contribution to Trainee Development & Collaboration *(to be completed by the Sponsoring and Host PIs)*

Describe how the proposed site visit provides opportunities for trainees to benefit from expertise beyond the boundaries of their primary campus and how it contributes to enhancing the trainee's knowledge and skills in research and education. Describe how the exchange will strengthen linkages among Alberta neuroscientists by encouraging increased collaboration and connection across campuses.

5. Site Visit Schedule

DATE (mm/dd/yy)	DESCRIPTION	LOCATION

6. Budget

ITEM DESCRIPTION	AMOUNT	COMMENTS
Accommodation <input type="text"/>	<input type="text"/>	e.g. \$150/night x XX nights <input type="text"/>
Meals <input type="text"/>	<input type="text"/>	e.g. Per diem rate \$45/day x XX days <input type="text"/>
Transportation/Mileage <input type="text"/>	<input type="text"/>	e.g. Mileage – xxx kilometres @ \$0.46/km <input type="text"/>
Workshop/Conference Fees <i>(please specify)</i> <input type="text"/>	<input type="text"/>	Name of conference, workshop, seminar <input type="text"/>
Other <i>(please specify)</i> <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <i>(please specify)</i> <input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL REQUESTED (MAXIMUM \$4,000)	<input type="text"/>	



Heritage Medical Research Building, 3330 Hospital Dr. NW, Calgary, AB T2N 4N1
403-220-2422 | albertaneuro.ca | abneuro@ucalgary.ca

